

DOCUMENT RESUME

ED 208 999

PS 012 519

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TITLE Oklahoma Child Development Associate Curriculum:
Health and Safety for Young Children. Revised
Edition.
INSTITUTION Oklahoma Child Development Associate Policy Advisory
Council, Midwest City.; Oscar Rose Junior Coll.,
Midwest City, Okla.
SPONS AGENCY Office of Child Development (DHEW), Washington,
D.C.
PUB DATE Jan 81
GRANT OCD-6-C-15
NOTE 69p.; For related documents, see PS 012 513-524.
EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Child Caregivers; *Competency Based Teacher
Education; Early Childhood Education; *Health
Education; Hygiene; Postsecondary Education;
*Preschool Teachers; *Safety Education; Sanitation;
*Training
IDENTIFIERS *CDA; Child Development Associate

ABSTRACT

The Child Development Associate (CDA) trainee who completes this training module will be prepared to establish and maintain a safe and healthy learning environment and to advance the physical and intellectual competencies of preschool children. Contents of the unit emphasize the teacher's responsibility for health care and safety in the preschool, the teaching of health care and safety habits to young children, and sanitation. The final two chapters focus on teacher resources, such as activity card files and resource unit cards, and CDA portfolio development. (Author/RH)

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OKLAHOMA CHILD DEVELOPMENT ASSOCIATE CURRICULUM

HEALTH AND SAFETY FOR YOUNG CHILDREN

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OKLAHOMA COOPERATING INSTITUTIONS OF HIGHER EDUCATION

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January, 1981

The original materials for the Oklahoma Child Development Associate curriculum were developed through the Oklahoma Child Development Associate Pilot Project, pursuant to Grant Number 6-C-15, of the Office of Child Development, Office of Human Development, U.S. Department of Health, Education, and Welfare (Department of Health and Human Services). These materials were subsequently field tested through the Oklahoma Child Development Associate/Head Start Supplemental Training project from 1976 through 1979 and revised during 1979 and 1980.

The Oklahoma Child Development Associate Curriculum, Revised, is published through the U.S. Government Printing Office. Points of view and opinions stated herein are those adopted by the Oklahoma Child Development Associate Advisory Council and are not necessarily representative of official Department of Health and Human Services opinion or policy.

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CHAPTER I

INTRODUCTION

RATIONALE

Protection of the health and safety of children is essential to their total growth and development. Thus, child care personnel must not only provide an environment conducive to positive health and safety practices, but also develop positive habits of health and safety in each child served. A major part of the child development center's curriculum requires the teacher to provide experiences which promote positive health and safety practices in each child in the center.

Teachers in the child development center should be committed to the development of the whole child. They must have the ability to recognize symptoms of illness and injury, to provide appropriate treatment of illness or injury until the child leaves the center, and to recognize and correct safety hazards in and around the center.

Record keeping, as a part of this total health and safety program, is another essential aspect of care. Accurate and up-to-date records enable the center personnel to better meet the needs of the children and their families.

Accomplishment of the objectives in this area will foster the individual's development of the following competencies as defined by the Child Development Associate Consortium:

Establishes and maintains a safe and healthy learning environment.

Advances physical and intellectual competence.

OBJECTIVES

Upon completion of this area the trainee will be able to:

1. Create a safe and healthy learning environment for children.
2. Teach and encourage positive health practices in young children.
3. Recognize symptoms of disease and infection in children and demonstrate the ability to care for an ill child in the group situation.
4. Name the immunizations that are required for children and state when these should be given.
5. Name the optional immunizations for children and the conditions under which they are needed.
6. Demonstrate an understanding of communicable diseases by protecting the group from an ill child and preventing the spread of disease and infection.
7. Receive and record necessary health information about each child.
8. Demonstrate the importance of health and safety to a child's development through systematic reporting of health and safety information to parents.
9. Demonstrate the ability to provide emergency treatment for accidents, illness, injury, and poisons in the child development center.
10. Recognize and correct safety hazards in and around the center.
11. Demonstrate methods for teaching and promoting safe habits of work and play in the children in the center.
12. Demonstrate the ability to handle such emergency situations as fires and tornadoes with a group of young children.

CHAPTER II

DEFINITIONS OF TERMS

1. Accident---An occurrence that is not expected or intended.
2. Accident prone---One who is a constant victim of unexpected accidents.
3. Caries---Cavities in the teeth or decay of teeth.
4. Communicable disease---A disease that can be spread from one person to another.
5. Deciduous teeth---First set of teeth.
6. Egocentrism---The way children view the world during the preoperational stage when they only see things from their own perspective.
7. Enrollment forms---Forms used by an institution to secure needed information, useful in maintaining safety with its students.
8. Environment---The total surroundings in which we live, including all people and all things.
9. First aid---The immediate care given to a person who has been injured or has suddenly become ill.
10. Hazard---A situation that creates the chance of accident or risk.
11. Health---A state of physical, mental, and social well being and not merely the absence of disease or infirmity.
12. Health records---Records signed by a qualified health professional which assess the physical health of the child and give evidence of a negative T.B. test. This change is given in light that some day care and head starts have contracts with Public Health Departments or other organizations who use nurse practitioners or physician assistants.
13. Hyperactive Child Syndrome---A child who exhibits a number of behavioral characteristics including impulsivity, restlessness, inability to concentrate, a high activity level, and inability to remain content.
14. Immunization record---Record signed by physician or local health authority and/or parent as required by current immunization law showing that the child has been properly immunized.

15. Incubation period---The amount of time that lapses from the exposure to a disease until its symptoms appear.
16. Liability---A person's responsibility for an accident as a result of negligent acts.
17. Negligence---Failure to exercise the care that the circumstances require.
18. Poison---Any substance---gas, liquid, or solid---that tends to impair health or cause death when introduced into the body or onto the skin surface.
19. Safety---A means of keeping a person free from harm, danger, or risks.
20. Safety objectives---Desired outcome that one strives to reach in maintaining the emotional, physical, and social well being of the children involved.

CHAPTER III

FIRST AID

RATIONALE

In the preschool environment, accidents may occur regardless of the preventive measures followed. When an accident does occur, it is the responsibility of center personnel to assess the situation accurately and efficiently and to provide the necessary assistance to control the situation.

First aid is emergency treatment provided until medical help arrives. It is essential for child care personnel to develop competency in the techniques of first aid to meet emergency situations. In addition to being an integral part of this area, first aid competency must be developed through demonstration of approved methods and the acquisition of American Red Cross certification.

ESSENTIAL CONTENT INFORMATION

Information leading to the acquisition of competence and certification in first aid should be provided through the first aid text of the American Red Cross.

CHAPTER IV

TEACHERS' RESPONSIBILITY FOR HEALTH CARE

RATIONALE

The area of young children's care needs is of special concern because it is known that children in poor health will function on a lower level than well children, regardless of the quality of the program in which they are involved. However, the effective use of an adequate environment benefits young children greatly in meeting the criteria for good health . . . "a state of physical, mental, and social well being . . . " Many factors are involved in accomplishing this, including the health components of the following: school personnel, emotional tone of the situation, physical facilities, center policies, and program.

ESSENTIAL CONTENT INFORMATION

I. HEALTH STATUS OF CHILDREN

The health status of children is of special concern because it plays a vital role in their total functioning within the preschool program as well as their present and future development.

A. Characteristics of Healthy Children

1. Sleep soundly
2. Eat without much coaxing
3. Gain steadily in height and weight over the months
4. Have teeth which are in good condition
5. Experience few aches and pains
6. Enjoy both individual and group activities
7. Enjoy both quiet and active play
8. Are curious and eager to learn
9. Exhibit developmental progress which follows an appropriate pattern

B. Symptoms of Illness

1. Flushed face
2. "Watery" or "glassy" appearance of eyes
3. Discharge from eyes, nose, or ears.
4. Unexpected profuse sweating
5. Pallor
6. Blueness of lips or fingernails
7. Rash, "bumps" or other skin manifestations
8. Swollen glands of neck and throat; sore throat
9. Body temperature about 100 degrees F or above
10. Red or swollen throat
11. Pain in ear, head, chest, stomach, abdomen, or joints
12. Nausea, vomiting, diarrhea, or constipation
13. Spots in the mouth or throat
14. Excessive coughing, sneezing, or wheezing

C. Some Characteristics of Unhealthy Children

1. Do not grow at a steady rate appropriate to developmental levels
2. Display apathetic behavior and a lack of initiative
3. Are chronically drowsy, fatigued, and unable to concentrate
4. Have a low frustration level and display disruptive behavior
5. Have dull, broken, and dirty hair
6. May be underweight or overweight

7. Have poor posture and flabby muscles
8. Have finicky, poor appetites and poor digestion

II. HEALTH STATUS OF PERSONNEL

School personnel includes all persons who have any part in the preschool program. Their responsibilities include maintaining and utilizing a healthful environment as well as good personal health.

A. Physical Health Policies

1. All staff must have physical examinations prior to beginning work to check for the presence of any communicable disease and should obtain a health certificate.
2. All staff must have annual physical examinations to assess their health status.
3. All staff must present evidence of negative TB tests.
4. Physical health records for all staff should be kept on file and easily accessible.
5. When ill, a staff member should not be in the center. This person might spread disease to others and will also exhibit below-normal efficiency.

B. Characteristics of Healthy Personnel

1. Healthy personnel exhibit characteristics of good physical health including:
 - a. Energy
 - b. Vigor
 - c. Alertness
 - d. Activity
2. Healthy personnel exhibit characteristics of good mental health including:
 - a. Show patience and understanding to others
 - b. Display enthusiasm and joy as teachers

- c. Feel pride and accomplishment in a job well done
- d. Can admit making mistakes
- e. Recognize when they need help and seek it from others
- f. Feel self-confident about their personal worth and their abilities

III. MAINTAINING A HEALTHFUL PHYSICAL ENVIRONMENT

A. Physical Facilities

1. Rest equipment
 - a. Includes individual cots, blankets, and sheets in all centers for children remaining more than five consecutive hours.
 - b. Linen should be laundered daily.
 - c. Cots should be placed 3 feet apart so children's faces will not be too close together and alternating head and toe position.
 - d. Drawn shades and quiet music facilitate rest.
2. Eating and drinking equipment
 - a. Drinking fountains low enough for children to reach
 - b. Clean individual drinking cups and eating equipment provided
 - c. Water supply must meet standards set by the State Health Department.
3. Lockers
 - a. Individual lockers to help children learn to care for clothing and supplies
 - b. Individual lockers to help control the spread of communicable diseases.
 - c. Promotes independence and a feeling that they have a place of their own.
4. Temperature, ventilation, and lighting
 - a. There should be an adequate amount of light.
 - b. Children should not read or look at books in direct sunlight.

- c. Temperature should be kept at a constant level of 68-72 degrees.
- d. Electric outlets are needed every 10-12 feet. They should be covered and above children's reach.
- e. Draft free, cross ventilation of air is desirable.
- f. Drafts should be located and stopped.
- g. Windows should be screened in such a way that children cannot remove screens.

5. Play equipment and play areas

- a. All play materials in the center should have washable, non-toxic paint.
- b. All play equipment should be regularly checked for safety hazards such as splinters, loose parts, protruding nails, unsteady ladders, etc.
- c. A minimum of 35 sq. ft. per child indoor play space is essential.
- d. 75-100 sq. ft. of outdoor play space should be provided for each child under seven.

6. Sanitary facilities

- a. The washroom area should be well ventilated with an exhaust fan and outside window.
- b. Toilet fixtures from 10-13 inches from the floor are desirable.
- c. Lavatories 23-24 inches from the floor are desirable.
- d. Sinks should be equipped with automatic tepid water---not hot water.
- e. Hand washing and toileting facilities should be scrubbed and disinfected daily and as necessary to promote proper hygiene.
- f. At least one toilet and one sink for every ten children are necessary.
- g. Provide a safe step (not a chair) to reach higher lavatories.
- h. Individual towels or paper towels and soap should be provided.
- i. Potty chairs should be sanitized after each use and should be 2-3 feet apart.

B. Child Care Center Policies

Certain health policies should be established and enforced and by the child care center in order to facilitate a physically-healthy

environment. These should be discussed with all parents at the time of their child's enrollment. Parents should also receive a printed statement of health care policies and requirements.

1. Situations when children should be kept at home

- a. When they are in the first three days of a cold
- b. Have elevations of temperature
- c. Have unidentified rashes or sores
- d. Have had intermittent upset stomachs within the last 24 hours
- e. Have sore throats or discharges from the eyes and ears
- f. Are in the incubation period of a contagious disease
- g. Have not received treatment for pediculosis (head lice) or any type of worms

2. Care of children who become sick at school

- a. At the first sign of illness, immediately isolate these children.
- b. Take and record temperature at the first sign of illness.
- c. A special room or area should be set up for children who become sick, which allows them to be as comfortable as possible.
- d. Call the parents or guardians to pick the children up from the center.
- f. Give them no medication unless prescribed by a physician.
- g. Call their physicians in an emergency situation.

3. Daily checks of children

An informal daily check should be made of each child as the children enter the center for signs of illness or poor health. Appropriate measures should be taken when these are present. The daily health check should include:

- a. Skin: Flushed, pale, moist, dry, rash, scratches, bruises, infection, warm
- b. Eyes: bright, clear, red, crusty
- c. Ears: discharge
- d. Facial expression: smiling, sad, tired, pale, concerned, carefree

- e. General appearance: neat, clean
- f. Posture: Erect, limp, shuffling feet
- g. Hair: evidence of lice; clean
- h. Fingernails: clean
- i. Nose: discharge
- j. Mouth: rash, swelling of lips, bleeding or swollen gums, appearance of teeth
- k. Does child cough, rub eyes, sneeze, scratch
- l. Child's comments and general reactions

4. Communicable diseases

Usually it is wise to follow the policies of the local health authority regarding communicable disease; however, policies regarding communicable diseases should cover the following points:

- a. Procedure to follow when the staff or child has been exposed
- b. Length of time to stay out of school when a communicable disease has been contracted
- c. On what authority is the individual readmitted to the center
- d. Notify your local Health Department of any case of a communicable disease.

Note: Child care staff should be familiar with the symptoms of a communicable disease and the appropriate measures to take.

5. Maintenance of health records

Certain records must be kept on file in the center to give evidence of each child's health and immunization status; other records are recommended.

- a. An up-to-date health record, signed by a physician or from the local health authority, stating that the child is in good health must be on file.
- b. An immunization record signed by a physician or local health authority showing that the child has been properly immunized must be kept on file.

- c. An emergency information record must be on file, which gives information on where parents can be reached at all times. A party to call when parents cannot be reached, the telephone number of child's physician, the telephone number of a hospital and written permission to take the child to the hospital in an emergency. Update frequently, or as needed.

IV. MAINTENANCE OF EMERGENCY HEALTH CARE SERVICES SYSTEM

- A. A system must be organized in order to take care of emergency health care situations which might arise.
 - 1. An emergency information card is kept for each child listing information needed.
 - 2. A comprehensive listing of emergency telephone numbers is permanently posted at each telephone.
 - a. Emergency telephone number of each hospital in the area
 - b. Telephone number of the local poison center
 - c. Procedures for securing ambulance services
 - d. Telephone numbers of police and fire stations
 - 3. Arrangements should be preplanned for emergency medical care with a hospital emergency room or other health clinic, which is always staffed.
 - 4. Each staff member must comprehend the appropriate action to take when an emergency arises in the center, e.g.; when a staff member accompanies a child to emergency care, that staff member must remain there until the parent comes to take responsibility for the child.

CHAPTER V

TEACHING HEALTH CARE HABITS TO YOUNG CHILDREN

RATIONALE

Concerning health care, learning should come to a great extent from taking advantage of "teachable moments" that occur naturally throughout the day. This does not mean, however, that planning in this area is unnecessary. Planning helps to assure that all relevant aspects have been covered, that children are progressing toward stated goals, and that additional needed activities can be included.

Young children are egocentric beings. Therefore, teaching health care practices is best accomplished when it is directly related to their own experiences and activities. Children also learn to a great extent through imitation, so the child will learn good health habits best in an environment where the principles which are taught are also practiced.

ESSENTIAL CONTENT INFORMATION

I. STRATEGIES FOR TEACHING HEALTH CARE TO YOUNG CHILDREN

Young children are highly egocentric; therefore, the teaching of health habits should be closely related to their personal activities. Any opportunity that naturally arises should be taken for teaching health care practices. However, this area should also be planned as a part of the total curriculum.

- A. Teaching should be done in connection with daily activities and routines.
 - 1. Be aware of your own health habits because young children learn by copying the behavior of adults.
 - 2. Take advantage of the "teachable moment" since this is when the most meaningful learning often occurs.
 - 3. Build on the spontaneous experiences of children during the daily routine which relate to good health practices.
- B. Teaching of health care practices should be a planned program component.

1. Specific aspects of health care practices may need to be introduced which do not occur spontaneously.
2. Sequential planning of a health care unit can be done which is appropriate to the developmental level of the children.
3. Special resources can be planned for to enhance the effectiveness of teaching a particular concept.
4. Reviewing of progress can be done at regular intervals in order to plan for additional needed activities.

II. AREAS TO INCLUDE IN HEALTH CARE TEACHING

The health care practices introduced to children are those that affect their state of health and over which they can exert some influence or control. The information presented to them should be appropriate for and compatible with their levels of development.

A. Body Structure and Function

1. The five senses allow people to learn about their world.
2. The body grows in height and weight.
3. The body moves through the use of the skeleton and muscles.
4. Children grow at differing rates.

B. Need for Exercise, Rest, Sleep, and Bathing

1. Growing children need adequate amounts of sleep.
2. The body needs sunshine in order to be healthy.
3. Children need rest at certain times in order to stay healthy.
4. All people need exercise in order to be healthy.
5. Children need to bathe daily and wash before eating and after toileting.

C. Sanitary Health Practices

1. Hands should be washed before eating, after toileting, and after outdoor play.
2. All items should be kept out of the eyes, ears, nose, and mouth.
3. Toilet facilities should be used in the appropriate way.
4. Tissues or handkerchiefs should be used in the appropriate way and disposed of properly.
5. One does not eat or drink from another's utensils.
6. There is a correct way to drink from a fountain.

D. Dental Health Practices

1. Teeth should be brushed and flossed in the correct way.
2. Teeth need to be brushed and flossed daily.

E. Nutrition

1. Good food is necessary to the body's growth and development.
2. Different kinds of foods are necessary for good health.
3. Good nutrition affects the proper functioning of our bodies.
4. Food comes from many different types of plants and animals.

F. Poisons

1. Some plants, leaves, and berries are poisonous; those which grow wild should never be put in the mouth.
2. Medicine is never to be taken unless given by the adult in charge.
3. Some substances used for cleaning and other things are poisonous when swallowed.

G. Environment and Community Health

1. Doctors and nurses are workers who help us to stay healthy.
2. Hospitals and clinics are necessary to help care for people when they are ill.
3. Medical treatment is sometimes painful but necessary.
4. Children can help in keeping the community clean.

III. METHODS AND MATERIALS FOR USE IN TEACHING HEALTH CARE

There are many resources for use in teaching health care to young children. This is an area in which various community resources are of particular value in complementing the use of materials common to the preschool.

A. Field Trips

1. To a health clinic
2. Dentist's office
3. Truck farm
4. Dairy farm
5. Supermarket
6. Y.M.C.A.
7. Public park

B. Dramatic Play

1. Dramatizing medical care
2. Dental care
3. Food preparation and mealtime

C. Bulletin Board Pictures

D. Actual Experiences

1. Teeth brushing
2. Tissue disposal
3. Hand washing
4. Grocery shopping
5. Seed planting

E. Community Volunteers

1. Medical staff
2. Physical education staff
3. Poison information personnel
4. Emergency health service staff

F. Books and Flannel Board Stories

CHAPTER VI

SANITATION

RATIONALE

Nutrition and sanitation must go hand in hand. Just as it is important to provide nutritious meals and snacks to children, it is equally important that the food be free from harmful substances, whether visible or invisible, that may cause illness. Since teachers and aides in child care centers work so closely with those who prepare the meals and snacks, it is necessary for them to understand the importance of sanitation and the basic essentials for operating a safe food service.

ESSENTIAL CONTENT INFORMATION

I. SANITATION NEEDS

A. Maintaining Cleanliness

1. Clean employees
2. Clean food
3. Clean dishes
4. Clean kitchen, storage, and dining areas

B. Keeping things free of dirt and bacteria

C. Protecting the health of the children and the teachers

D. Reducing the possibility of contaminating food

II. KINDS OF BACTERIA

A. Useful Bacteria

1. Are useful and necessary
2. Help to make cheese, vinegar, yogurt, cultured buttermilk, and sauerkraut.

B. Non-disease Causing Bacteria

1. Will not cause illness.
2. May destroy the quality of a product. Example: When milk sours.

C. Disease-causing Bacteria

1. Responsible for food-borne illnesses.
2. Cause illness or death.

III. HOW BACTERIA GROW

A. Cell division. (Under the proper conditions, one cell multiplies and produces two; these produce four, and so on).

B. Rapid growth. (After twenty-four hours, one bacteria cell can produce as many as 281,000,000,000,000 new bacteria cells).

C. Conditions necessary for bacterial growth.

1. Food

- a. Unsanitary conditions often provide food for bacteria.
- b. Bacteria grows in foods which are high in protein, non-acid foods, and those containing milk and eggs.

2. Moisture

- a. Bacteria need moisture to absorb food through their cell walls.
- b. Moisture helps bacteria grow and reproduce.

3. Moderate temperature

- a. Most bacteria grow rapidly if the temperature is between 40 degrees F. and 140 degrees F.
- b. Temperatures below 40 degrees F will stop the growth of disease causing bacteria.
- c. Temperatures above 140 degrees F. will kill most bacteria.

D. Time

Bacteria need time to grow, multiply, and produce toxins.

IV. CAUSES OF FOOD-BORNE ILLNESSES

A. Bacterial

1. Presence of harmful bacteria.
2. Presence of toxins or poisonous wastes produced by bacteria.

B. Chemical

Careless use of fly sprays, insecticides, and other similar poisons.

V. TYPES OF BACTERIA THAT MOST OFTEN CAUSE FOOD-BORNE ILLNESSES

A. Salmonella

1. Sources

- a. Raw eggs and poultry are the greatest sources.
- b. Raw meat and meat products
- c. Raw fish
- d. Raw milk

2. Control measures

- a. Wash eggs and some meats before cooking, not before storage.
- b. Cook meats, poultry, fish, eggs, and egg products thoroughly to an internal temperature of 170° or more.
- c. Sanitize work area and wash hands thoroughly after handling foods.
- d. Keep these foods refrigerated at 40° F. or less until cooked or served.

B. Staphylococcus

1. Sources

- a. Raw meats

- b. Skin, cuts, sores, boils, noses, and throats of humans.

2. Control measures

- a. Thoroughly cook meats to an internal temperature of 170° or more.
- b. Keep meats refrigerated at 40°F. or less until cooked.
- c. Be sure workers are clean and healthy.

C. Clostridium Botulinum---Botulism

1. Sources

- a. Meats and low acid foods which are improperly canned, but are sealed.

2. Control measures

- a. Boil canned low-acid foods for 10-20 minutes. The time required depends on the kind of food. This will destroy only the toxins, not the bacteria themselves.
- b. Purchase canned foods from approved sources only.
- c. Never serve food from a bulging or dented can.
- d. The toxins produced by botulism bacteria are fatal in two-thirds of the cases.
- e. Botulism can grow only in absence of air.

D. Clostridia Perfringens

1. Sources

- a. Soups, gravies, or stews that have been kept lukewarm in deep containers for several hours.
- b. Leftover foods.

2. Control measures

- a. Keep soups, gravies, or stews hot (140°F. or higher) until they are to be served.
- b. Never allow foods to stand at room temperature.
- c. Foods should either be served immediately or refrigerated in containers which allow quick and thorough chilling.

VI. HOW BACTERIA TRAVEL

Harmful bacteria exist all around us, but they must have some way of traveling and getting into our food before they can grow and multiply and cause food-borne illnesses.

A. People

1. Cuts, sores, or boils
2. Coughing or sneezing on food or utensils
3. Handling utensils or food with soiled hands
4. Handling food after touching the hair, face, feet, or ankles or after handling money
5. Handling food after going to the bathroom and then not washing hands

B. Air

Air-borne bacteria may contaminate dishes, cups, bowls, glasses, silverware, and foods which are not properly stored.

C. Flies, Insects, and Rodents

D. Dirt on Raw Fruits and Vegetables

E. Raw Meats, Poultry, Poultry Products, and Fish

VII. PREVENTING THE SPREAD AND GROWTH OF HARMFUL BACTERIA

Although there are a number of specific procedures which should be followed in preventing the spread and growth of bacteria, there are six basic essentials. If any of these are missing, no food service operation can be entirely safe.

A. Clean Workers

1. Bathe daily.
2. Wear clean clothes.

3. Keep hair clean, neat, and under control with a hair net.
4. Wash hands thoroughly with soap and water.
 - a. Before starting work
 - b. After using the toilet
 - c. After coughing, sneezing, or blowing nose
 - d. After touching hair or face
 - e. After handling money
 - f. After handling objects that have been in the mouth, such as toothpicks, cigarettes, and lipstick
 - g. After handling garbage
 - h. After mopping spills from the floor
 - i. After handling raw foods, especially poultry, meat, and fish

B. Healthy Workers

1. Food workers must be in good health.
2. They must meet the same health standards required of other food service workers in the community.
3. They must stay away from work when they have a cold, sore throat, or any communicable disease.
4. They must stay away from work if they have any open sores, boils, or an infected cut.

C. Clean Facilities and Equipment

1. Regular schedule for cleaning the kitchen and storage areas, as well as the equipment used to store, prepare, and serve food.
2. However, some must be done daily, and some weekly.

D. Clean Service

1. Sanitize utensils for cooking, serving, eating, and drinking as required by the health department.
2. Carefully store and handle utensils. Even if properly sanitized, utensils can become contaminated if not properly stored and handled.

E. Clean Food

Protect food during storage, preparation, and service from contamination by coughs, sneezes, handling, dirty equipment, insects, rodents, and waste.

F. Proper Temperatures

Remember that bacteria grow and multiply at temperatures between 40° F and 140° F and are killed when heated above 170° F.

1. Foods prepared ahead of time should be refrigerated until it is time to serve them.
2. Cold foods should be kept at 40° or less until they are served.
3. Hot foods should be kept at 140° or more until served.
4. Meats, poultry, eggs, and large quantities of food should be cooked so that the temperature in the center of the mass reaches 170° or more without interruption.

G. Storage of Food

1. Cover all foods in storage so they cannot be contaminated by air, drip, or hands.
2. Do not store foods directly on the floor.
3. Use shallow containers for refrigerated food so it cools rapidly.
4. Place food containers in storage so air circulates all around them.
5. Do not store food in dirty containers.

CHAPTER VII

TEACHERS' RESPONSIBILITY FOR SAFETY IN THE PRESCHOOL

RATIONALE

The goals of a quality preschool program are global in scope and strive to meet the intellectual, social, psychological, and physical needs of young children. However, the maintenance of a safe environment must be the first consideration of any program responsible for the care of young children.

Accidents cause more death and injury in young children than disease. Much is known about the factors which contribute to these accidents as well as the procedures which are necessary for providing an environment that is physically safe. To achieve this goal, the total program must be geared toward establishing and maintaining safeguards in regard to center policies, staff responsibilities, structuring of the environment, both indoors and out, and appropriate supervision of and guidance for young children.

The preschool environment which is designed and maintained for safety and which utilizes appropriate supervision and guidance methods also provides the optimum environment for teaching safety practices to the young child.

ESSENTIAL CONTENT INFORMATION

I. CAUSES OF ACCIDENTS

The United States Department of Health and Human Services reports that more children are crippled by accidents than by diseases. More children die from accidents than from the combination of cancer, congenital malformations and pneumonia.

A. Most Common Types of Accidents for Children Ages 1-5

1. Motor vehicle accidents
2. Falls
3. Poisons
4. Drowning

5. Fires

B. Situations in which accidents are most likely to occur:

1. When children are hungry, tired, angry, or confused.
2. When the environment contains safety hazards attractive to children, such as sharp knives, bottles of medicine, open heaters, open electrical outlets, etc.
3. When their environment has recently been changed through a move or a vacation.
4. When staff members and parents do not know what to expect in a child's behavior at a particular stage of development.
5. When the space and equipment within the environment have not been well planned and placed for safety: e.g., overcrowded, traffic lanes blocked, toys too advanced for child, etc.
6. When staff members are at work when ill.
7. When staff members do not get along well with one another.
8. When staff members are having personal problems which preoccupy them at work.
9. When transportation arrangements are unsatisfactory for getting children to and from school and for field trips.
10. When children are accident prone. This may be due to underlying emotional causes or problems in overall development, such as hyperactivity or poor sensor motor perception.

II. PREVENTION OF ACCIDENTS IN THE PRESCHOOL CENTER

Accidents are the leading cause of death and injury in young children; yet most accidents are preventable if adults plan wisely and supervise carefully an environment appropriate to the developmental level of the children.

A. Supervision Guidelines for Maintaining Children's Safety

1. Children learn by doing and by imitating adults. Teachers should facilitate the development of safety habits in children through personal demonstration.
2. Teachers must know the developmental stages of children's growth in order to provide a safe environment.
3. The adult-child ratio should meet licensing requirements for the age level of each group of children.
4. Safety limits appropriate for children's protection should be established and maintained for each aspect of the program.
5. Children should be protected, but not overprotected. They learn to function safely and protect themselves if they are guided carefully, rather than instilled with fear.
6. Center staff should be constantly alert to the activity going on in the center; to anticipate and correct beforehand situations that could lead to trouble.
7. Adults should realize that discipline and harsh punishments may not be effective in accident prevention. Other measures are necessary in building the child's use of safety practices.
8. Each area of the center, both indoors and out, should be well supervised when children are present in that area; e.g., during outdoor activity time, teachers are located so that all areas of the playground including the wheel toys, swings, climbing apparatus, etc., are supervised when children are present.
9. Children must remain in the center until their parent or another authorized person picks them up. Children cannot be released to any unauthorized person.
10. A record of all children's attendance must be taken daily.

B. Indoor Classroom Environment

1. Toys and play materials

- a. Match the age group by which the toy will be used with the age group for which the toy is intended.
- b. Fabrics in toys should be fire resistant.
- c. Avoid toys with small detachable parts that can be swallowed or placed in the ear or nose.
- d. Avoid toys made of lead or painted with lead-based paint.
- e. Avoid electrical toys such as an imitation electric stove or iron.
- f. Frequently inspect toys for loose or broken parts, sharp edges, etc., and repair or discard damaged toys.
- g. Store toys in a designated storage area when they are not in use.
- h. Never leave toys on stairs, floors, or sidewalks where they may cause accidental injury.

2. Structural maintenance and design

- a. Each room should have two exits which lead directly outside.
- b. There shall be a minimum of 35 sq. ft. of floor space per child to prevent overcrowding.
- c. No painted surfaces should be painted with lead paint.
- d. All rooms, corridors, halls, and stairs must be well lighted.
- e. All windows must be screened and the screens latched in such a way that children cannot remove or open them.
- f. Remove electrical cords or equipment which show wear.

3. Room arrangement

- a. The area should be arranged to create distinct patterns of traffic.
- b. All area rugs should be secured to the floor to prevent possible slipping.
- c. The traffic lanes should be kept clear of toys, furniture, and all other items.

4. Use of potentially poisonous substances

- a. Place all dangerous substances in closed containers,

- high out of the reach of children at all times.
- b. Never store cleaning materials, paint thinner, boric acid, or other poisonous substances in a food or beverage container.
- c. Keep all medicines on a high shelf or locked cupboard and put away immediately after use.
- d. All medication provided must be clearly labeled with the child's full name and directions for use. One person should be designated to administer medicine to avoid duplication.
- e. Use cleaning fluids, furniture polish, fumigants, paint thinners, and paint removers in a well-ventilated room when children are not present.
- f. Wash fresh fruits and vegetables thoroughly before serving. Follow directions carefully when using tenderizers or food preservatives.

C. Outdoor Environment of the Center

1. Equipment and materials

- a. All stationary equipment should be sturdy and well secured in the earth.
- b. All play equipment must be inspected daily to be sure it is free of safety hazards, such as protruding nails, splinters, loose ladders, etc.
- c. Tubs and pools of water should be emptied when not supervised.
- d. Low climbing, crawling, and walking equipment should be located where the surface is soft or padded.
- e. Certain types of outdoor equipment such as wheel toys and swings should always be supervised.
- f. All painted surfaces accessible to the children should be free of toxic paint.
- g. Porches, walkways, and play areas which are elevated should have barriers to prevent falls.

2. Outdoor play area

- a. The play area should be fenced and have a secure gate.
- b. There should be a balance of sunny and shaded areas for protection from the sun.
- c. Ground areas should be well drained and free from depressions in which water might stand.

- d. Premises must be checked regularly for safety hazards such as broken glass, nails, sharp sticks, or other objects.
- e. Trash collection receptacles and burning facilities must be separated from child play areas.
- f. Outdoor play areas should be arranged so that children are located throughout the area rather than congregated together.
- g. Play areas should be arranged so that traffic patterns are clearly defined.
- h. Children should be taught not to put plants or leaves in their mouths as some are poisonous.

D. Transportation Arrangements for Children

Whether children are coming or leaving school by car or on foot, they should have established safety rules which are always followed. Not only does this help assure the children's personal safety, it also helps them to feel secure and safe.

1. Rules for automobile travel

- a. Children should enter an automobile from the center's driveway, if possible, to prevent going into the street.
- b. If center staff drive the children home, they should watch until the children are safely at their doors before starting the vehicle again.
- c. Children should enter an automobile on the side opposite the driver.
- d. Children should keep fingers away from car doors; adults must observe for fingers in and around car doors.
- e. Children should not be permitted to stand next to the driver, or to stand on a car seat in a moving vehicle.
- f. All doors should be locked before starting the vehicle.
- g. Safety restraints should be fastened securely.
- h. Children should never be permitted to toss around objects such as toys, pillows, etc. in a moving vehicle.
- i. Children should never be seated on the driver's lap.
- j. Children should be taught to keep their hands off the controls and the dashboard.
- k. A child should never be left alone in a parked vehicle.

2. Rules for pedestrian travel

- a. Make sure there is a sufficient ratio of adults to children on center outings.
- b. Discuss thoroughly ahead of time and supervise closely the rules for safe walking:
 - (1) Always cross at corners.
 - (2) Obey street lights.
 - (3) Walk, never run.
 - (4) Stop and look carefully both ways before crossing the street.
 - (5) Never walk between two parked cars without an adult.
- c. Position an adult at the head of the line and also one at the end.

III. MAINTENANCE OF AN EMERGENCY SAFETY SYSTEM

A system must be organized to effectively care for emergency situations related to safety which might arise in the center.

- A. An emergency information card must be kept on file for all children, which gives necessary information.
 - 1. A location at which each parent can be reached at all times.
 - 2. A party to call if neither parent can be reached.
 - 3. A telephone number of the children's physicians.
 - 4. A list of any special medical problems the children have.
 - 5. The name of a hospital where each child is to be taken in the event of an emergency.
- B. Safety equipment which must be kept on hand:
 - 1. Standard first aid kits
 - 2. Appropriate fire extinguishers
 - a. Class A extinguisher for each floor
 - b. Class B extinguisher for each kitchen

C. Materials which must be appropriately posted:

1. Comprehensive listing of emergency phone numbers to be placed at each phone.
 - a. Each hospital in the area
 - b. Local poison center
 - c. Ambulance service
 - d. Police
 - e. Fire department
2. Prominently displayed directions for appropriate action in certain emergency situations:
 - a. Fire
 - (1) A floor plan with a marked evacuation route for each area of the building
 - (2) A written description of appropriate procedure to be posted by the evacuation plan
 - b. Poison
 - (1) The telephone number of a local poison center if one is available
 - (2) A chart with antidotes for various poisons
 - c. Tornado
 - (1) A floor plan with marked routes to reach a safe destination
 - (2) A written description of the appropriate procedure to follow, posted by evacuation plan
 - d. Severe injury or illness
 - (1) A written step-by-step description of the procedures for staff members follow in the event of serious injury or illness.

D. Emergency drills will be held to train staff for certain types of emergencies.

1. Fire drills---To be held once monthly
2. Tornado drills
3. Fire extinguisher use
4. Mouth-to-mouth resuscitation

- E. Arrangements should be planned in advance with a hospital emergency room for emergency medical care.

IV. LEGAL RESPONSIBILITY AND LIABILITY IN THE EVENT OF INJURY

- A. Corporation---If the school is owned by a corporation, the corporation is liable in case of legal action stemming from injuries to children.
- B. Non-corporation---In schools that are not incorporated, both the owner and the teacher or other adults involved can be held liable for accidental injuries to children.

CHAPTER VIII

TEACHING HABITS OF SAFETY TO YOUNG CHILDREN

RATIONALE

Safety instruction for young children comes from their daily experiences. Teachers of preschool children should encourage youngsters to promote their own safety and well-being. When children use play equipment and school facilities, the teacher points out appropriate safety habits. The teacher should take advantage of every opportunity to teach principles of safety. Through these measures, the children come to understand the need for safety and what they can do to maintain safety.

ESSENTIAL CONTENT INFORMATION

I. SAFETY OBJECTIVES

- A. Introduce safety factors and procedures in the classroom.
- B. Encourage expansion of safety ideas to the child's extended world.
- C. Help children recognize hazardous situations in the classroom and on playground.
- D. Develop habits of carefulness and obedience to established classroom rules.
- E. Develop alertness and muscular control through rhythmic exercises, play games, and other physical activities.
- F. Teach children to cooperate to prevent accidents and the taking of unnecessary risks involving physical danger.
- G. Encourage parents to supplement safety learning in the home environment.

II. FREQUENT CAUSES OF ACCIDENTS

- A. When children are hungry, tired, or ill
- B. When the supervising adult is rushed

- C. When child-adult or adult-adult relations are strained and tense
- D. When the supervising adult is distracted
- E. When safety hazards---sharp objects, drugs, heavy objects---are accessible to children
- F. When child's surroundings are changed, such as moving, cleaning and rearranging furniture
- G. When the children have inadequate or no playground provided for their physical needs
- H. When supervising adults lack an understanding of child development and the appropriate behavioral needs and expectations at the different stages of development

III. SAFETY RULES TO TEACH YOUNG CHILDREN

A. General

1. All children should know the location of fire alarms and exit routes; they must also know the procedures to follow for their safety.
2. Wall plugs, electrical cords, light switches and other electrical apparatus should be left alone.
3. Sharp objects such as scissors, screwdrivers, and other tools should be treated with care.
4. Small objects should be kept away from the mouth.
5. Young children are to cross the street only when assisted by an adult; they are to walk across the street, looking both ways.
6. Children must understand the hazards of playground equipment ---swings, teeter-totters, merry-go-rounds.
7. The danger of matches should be explained; children are not to use or play with matches.

8. Stairs and railings should be used with care. Children should use railing at all times and walk up and down steps. Objects should not be left on stairs.
9. Children should understand the use of stoplights, signs, and crosswalks.

B. Personal

1. Dress-up clothes (high heels, frilly skirts, etc.) may only be worn indoors.
2. Shoes should be worn during all playground activity; shoe laces are to be tied at all times.
3. Long skirts can be dangerous when a child goes up and down steps.
4. If children are on medication, they may not be sufficiently alert to safely use playground equipment.
5. Bulky clothing, sweaters, and coat sleeves may get caught on playground equipment.
6. Muddy shoes may cause falls; children need to wipe shoes clean.

IV. SOURCES TO USE TO TEACH HABITS OF SAFETY

- A. Stories
- B. Puppets and stick-people
- C. Games
- D. Actual experience (fire drill)
- E. Songs
- F. Books
- G. Bulletin board pictures

- H. Community volunteers , such as firemen or policemen
- I. Toy traffic lights , stop signs , and cars

V. SAMPLE SAFETY LETTER TO PARENTS CONCERNING EMERGENCY SITUATIONS

Dear Parents:

Learning about safety is an important part of your children's school activity. From time to time they will participate in a fire drill at school. We encourage you to discuss the experience with your children when they tell you about it.

If a real disaster occurs while your children are at school, we urge you to follow the procedure listed below:

- 1. Do not call the school.
- 2. Do not come to the school.
- 3. Community disasters will be reported on the radio. Be sure that your family has a transistor radio and consider it your most important item to rescue. Listen to it for directions.
- 4. Be assured that the teachers and other school personnel are giving your children emergency care that they may need. We, too, are listening to the radio and will be hearing the same instructions as you.
- 5. The safest place in case of a disaster is to be off the city streets , and out of the way of emergency and rescue equipment.

Thank you for your cooperation.

Sincerely ,

The Teacher

VI. SAMPLE SAFETY LETTER TO PARENTS CONCERNING PARKING LOTS

Dear Parents:

Parking lots are a source of danger to young children. May we suggest that you become aware of the following procedures:

1. Enter and leave the parking lot with extreme caution. Be on the lookout for wandering children.
2. Always hold children by the hand when going to and coming from an automobile. Do not let them run ahead of you. They might unintentionally run behind a car that is just starting to back out.
3. Please do not stand in the parking lot conversing with other adults, unless the children are seated safely in the car with the doors closed.
4. On our part, we will take walks to the parking lot with your children and discuss safety precautions with them.

Sincerely,

The Teacher

CHAPTER IX

TEACHER RESOURCES

INTRODUCTION

Activities for young children must be organized to be effective and require evaluation to determine their effectiveness. Through the use of an activity file card system, the individual teacher can better organize his/her time to meet the individual needs of the children.

When activity plans are written in a uniform fashion and kept in an organized manner, a volunteer, aide, or substitute can become familiar with what is being done and be of assistance to the teacher. In addition, the file cards provide a useful reference for future teaching of young children and provide a resource when the teacher is at a loss for activity ideas.

ESSENTIAL CONTENT INFORMATION

I. SETTING UP THE ACTIVITY CARD FILE

A. Procedures for Developing the File

1. Obtain a 5" x 8" file box and file cards.
2. Divide the file into your chosen curriculum divisions.
3. Develop learning activities for each curriculum division to carry out your yearly and weekly program plans.
4. Keep extra cards available to write up new activities you learn from other teachers and at workshops.

B. Suggested Curriculum Divisions

1. Topical
 - a. Art
 - b. Body skills
 - c. Family
 - d. Health
 - e. Language
 - f. Mathematics
 - g. Movement

- h. Music
- i. Nutrition
- j. Safety
- k. Science
- l. Self-concept
- m. Social Science
- n. Transitions

2. Developmental

- a. Fine motor
- b. Gross motor
- c. Social
- d. Emotional
- e. Cognitive
- f. Language
- g. Appreciation

II. COMPONENTS OF AN ACTIVITY CARD

A. Teacher Developed Activities

The following format would be used for activities which the individual designs or develops after seeing the activity presented by someone else. It should not be used to duplicate information from a resource which the teacher has available for future use.

1. Concept or Skills---A general topic of what will be taught. This is similar to a teacher goal.
2. Activity---The title of the activity
3. Learning Center---Where this activity will typically be done in the classroom or center.
4. Grouping---The size group for which the activity is best suited and/or the age group for which the activity is appropriate.
5. Objective---A statement of the behavior(s) that the child(ren) should be able to perform upon completion of the activity.

6. Materials---A listing of all the items needed for carrying out the activity.
7. Procedures---A sequential listing of all the steps involved in carrying out the activity.
8. Other Concepts or Skills---A list of other concepts or skills (if any) which can be developed by this activity.
9. Other Activities---A list of other activities (if any) which will also teach this concept or skill.
10. Recommendations---(This information should be on the back of the card). A critique of the activity to determine if the objective(s) were accomplished. The recommendations would also include statements useful for future reference about how the activity could be improved, appropriateness for age level, etc.

B. Activities from Resource Books

The following format would be used for activities which can be found detailed in a resource which the teacher possesses or has readily available. It is not necessary to duplicate the information in the resource, but an activity card needs to be written to aid in location of the information.

1. Concept or Skill---A general topic of what will be taught. This is similar to a teacher goal.
2. Activity---The title of the activity
3. Learning Center---Where this activity will typically be done in the classroom or center.
4. Grouping---The size group for which the activity is best suited and/or the age group for which the activity is appropriate.
5. Resource---The title of the resource where the activity is detailed.
6. Page---The page number in the resource where the activity is detailed.

7. Other Concepts or Skills---A list of other concepts or skills (if any) which can be developed by this activity.
8. Other Activities---A list of other activities (if any) which will also teach this concept or skill.
9. Recommendations---(This information should be on the back of the card). A critique of the activity to determine if the objective(s) were accomplished. The recommendations would also include statements useful for future reference about how the activity might be improved, appropriateness for the age level, etc.

III. SAMPLE ACTIVITY CARDS

(See page 47)

IV. RESOURCE UNIT CARDS

A. Definition

A summary of the activities and resources available for teaching a specific concept or theme.

B. Purpose

A resource unit card provides a quick, easy reference for developing weekly and daily plans. It provides an overall picture of an instructional unit.

C. Components of the Resource Unit Card

1. General concept or theme
2. Specific objectives for the children to accomplish to develop an understanding of the theme or concept.
3. Titles of specific activities, resources, field trips, etc. that will be utilized in teaching the concept or theme. (Specific activities will be detailed on activity cards and complete plans will be written in the instructional unit).

4. Resources

- a. Books, stories, films, pictures
- b. Poems, fingerplays
- c. Songs, records, rhythms
- d. Dramatic play themes
- e. Outdoor activities
- f. Art activities
- g. Field trips
- h. Manipulative materials
- i. Visitors
- j. Cooking experiences
- k. Group discussions
- l. Other

V. SAMPLE RESOURCE UNIT CARD

(See page 49)

VI. RESOURCE FILE

A. Definition

An organized collection of materials to support the instructional units. The file includes materials which the teacher will utilize in activities with the children. Utilization of specific materials will be detailed on activity cards.

B. Purpose

To provide a convenient method for organizing pictures, flannel stories, etc. for utilization while teaching.

C. Organizing the Resource File - Pictures Section

1. Gather a variety of pictures to support the range of concepts you will be presenting to the children.
2. Cut out, mount, and cover with contact paper.
3. Sort pictures into categories.

4. Label folders and file pictures.
5. Similar folders can be made for flannel stories, patterns, picture cards, etc.
6. Concepts which the picture teaches and questions about the picture which will develop a concept should be written on the back of each picture.

D. Organizing the Resource File - Flannel Stories, Puppet Stories, Etc.

1. Sort stories into categories.
2. Label folders and file stories.
3. Include concepts which the story teaches and questions about the story on the story script.

E. Other Materials

1. Transitions
2. Recipes
3. Bulletin board ideas/materials
4. Songs

F. Organizing the Resource File - Children's Books and Stories

1. Write a book card on any children's book or story that you feel will teach the concepts of your program, support the themes, entertain the children, teach language, etc.
2. Each book card should contain the following:
 - a. Title
 - b. Author
 - c. Publisher
 - d. Date of publication
 - e. Cost (if available)
 - f. Summary of content
 - g. List of concepts the book or story teaches
 - h. Where book is located---center, library, home, etc.

3. Sort cards into categories.
4. Label folders and file cards.
5. Sample book card
(See page 51)

G. Organizing the Resource File---Parent Education Materials

1. Gather a variety of materials which are good teaching aids for parents. These may include pamphlets, flyers, booklets, materials which you make yourself, etc.
2. The materials should be ones which you can obtain free or which may be reproduced for distribution.
3. For each piece of material, attach a card listing the following:
 - a. Title of material
 - b. Where material can be obtained
 - c. Contact person, if applicable
 - d. Cost (if any)
 - e. Basic Concepts which the material presents
 - f. Evaluation of the material
4. Sort materials into categories.
5. Label folders and file materials.

ACTIVITY CARD

The following is a reduced sample of the Activity Card for the trainee to write up activities which he/she learns from others, makes up himself/herself, etc. Specific information regarding the development of the card is presented in the "Teacher Resources" chapter of each curriculum book.

Concept/Skill:	Activity:
Learning Center:	Grouping:
Objective:	
Materials:	
Procedures:	
Other Concepts/Skills:	Other Activities:

ACTIVITY CARD

The following is a reduced sample of the Activity Card for the trainee to write up activities which he/she finds in books and materials which he/she owns or has ready access to in the center. Specific information regarding the development of the card is presented in the "Teacher Resources" chapter of each curriculum book.

Concept/Skill:	Activity:
Learning Center:	Grouping:
Resource:	
Page:	
Other Concepts/Skills:	Other Activities:

RESOURCE OR LEARNING UNIT

THEME/CONCEPT/SKILL:			CURRICULUM AREA:	
Books, Stories, Films	Poems, Fingerplays	Songs, Rhythms, Records	Dramatic Play	Gross Motor

RESOURCE OR LEARNING UNIT

THEME/CONCEPT/SKILL:			CURRICULUM AREA:		
Manipulative Materials	Art Activities	Field Trips	Cooking Experiences	Community Visitors	Other

BOOK CARD

The following is a reduced sample of the Book Card for the trainee to write up children's books which he/she reads and has access to for use with the children. Specific information regarding the development of the card is presented in the "Teacher Resources" chapter of the curriculum book.

Concept/Skill:

Title:

Author:

Publisher:

Cost: (If available)

Summary or description of the content:

List of all major concepts which the story will teach:

CHAPTER X

PORTFOLIO DEVELOPMENT

As a part of the assessment and credentialing process for the Child Development Associate Credential, the Candidate (trainee) must develop a Portfolio. The Portfolio should contain materials which present a complete and accurate picture of the Candidate's competence in working with three to five year old children in a group setting.

A. REQUIREMENTS

Child Development Associate Consortium guidelines for development of the Portfolio are broad and general. The Portfolio must include (1) a personal profile of the Candidate, of no more than 300 words; (2) thirteen sections, one for each of the functional areas; (3) at least one piece of evidence in each of the thirteen functional areas, accompanied by a written explanation of the reason the evidence is included and the way it demonstrates the Candidate's work with children, and (4) each piece of evidence must be labeled with the functional area.

The Portfolio is not a scrapbook, and pieces of evidence should be selected carefully. Developing the Portfolio should be a learning experience and an outgrowth of the Candidate's training and working with children.

B. OPTIONAL INFORMATION FOR THE PORTFOLIO

The following suggestions for the Portfolio are NOT requirements, but ideas that have proved successful for many candidates during the field test of these materials.

1. Description of the setting, including type of center, information about the children's backgrounds and ages, etc.
2. Beliefs about Early Childhood Education, including a brief discussion of the Candidate's philosophy of early childhood education.
3. For each of the thirteen functional areas, include the following pieces of evidence:
 - a. Rationale---a discussion of the reasons the Candidate feels that the functional area is important to a program for young children.
 - b. Goals---a listing of the broad goals in the specific functional areas that the Candidate has set for the program and/or the children for the year.
 - c. Evidence---two additional pieces of evidence which illustrate the Candidate's competence in each area, including a written explanation for each. (Including these pieces of evidence in the Portfolio will give a minimum of four pieces of evidence for each of the thirteen

functional areas, rather than the one that is required.)

4. Illustrating Evidence---Pieces of evidence may be sketches, photographs, samples, examples, or written descriptions of the activity or item presented. The Candidate would then write a brief explanation showing the ways in which the evidence demonstrates competence in the area and the reason for its being in the Portfolio.
5. Neat and legible---this may be printed, longhand, or typed.
6. Easy to handle---large cumbersome materials and items falling out provide difficulty for each person reviewing the Portfolio. Select a format for the Portfolio and keep it simple and consistent. (Most Candidates have found that a loose leaf notebook or manila folders provide the best format.)

The Portfolio Outline and the Sample Portfolio which follow are designed to provide a guide for trainers and trainees working toward assessment. Through field testing the materials, these guides have proved beneficial to trainees in developing their own individual Portfolios.

PORTFOLIO OUTLINE

I. Entering Materials in the Portfolio

- A. Include the title of the functional area and the evidence number in the upper right-hand corner of each piece of evidence.
- B. Explain the reason for including the piece of evidence in the specific functional area.
- C. Describe how the piece of evidence demonstrates the individual's competence in the functional area.
- D. If a piece of evidence pertains to more than one functional area, include it only once, and in the description, note the other area(s) to which it pertains.
- E. Mount or index materials in a uniform manner.
- F. Be neat and organized.

II. Sample Rationale

Nutrition is vital to the development of preschool children. A knowledge of nutrition is essential for the individuals in a child development center where they are responsible for the health and welfare of each child in the center.

Teachers in a child development center should be committed to the development of the whole child, which means they must develop the ability to plan and prepare nutritious meals and snacks for children. In addition, they must provide experiences in the curriculum to promote good nutrition and mealtime habits in children. Throughout, the teacher must consider the child's developmental level and home environment.

III. Sample Goals

- A. Each child will be able to select the foods necessary in a daily balanced diet.
- B. Each child will be able to serve many foods for himself/herself.
- C. Each child will be able to try new foods prepared in a new way, with a minimum of persuading.
- D. Each child will show a positive increase in physical development.
- E. Each child identified as having a nutrition deficiency will be provided with a program to correct the deficiency.

HEALTH

Definition

Provides an environment that is free of factors which may contribute to or cause illness.

Rationale

Describe the importance of the functional area.

Goals

List the goals for the year for the group to accomplish.

Other Pieces of Evidence Might be:

Health Lessons---describe the types of health lessons used and include some plans and descriptions.

Nutrition Lessons---describe the types of nutrition lessons used and include some plans and descriptions.

Health Information Sheets and Data---when these are completed; by whom; where filed; utilization of records.

Plan for a child who becomes ill---procedures followed; responsibilities of different personnel.

Health Activities Conducted Daily---list and describe the health activities which are a part of the daily schedule.

Menus---include sample menus for meals and snacks; who develops the menus and evaluates them; how are the meals and snacks used for learning experiences; if you were responsible for planning the menus what changes would you make.

Daily Health Check---how it is done, and by whom; what is checked; what is done with the results.

HEALTH RATIONALE

Health is important to the children in the center because without good health, they cannot grow and develop as they should. It is up to the staff to ensure that the center is cleaned daily and that sanitary practices are followed at all times.

As a teacher of the children, I must set an example by staying in good health and following good health habits. These should include both physical and mental health, sanitation and nutrition. In addition, I should teach good health habits to the children through activities in the center and provide an opportunity to practice them.

Childhood diseases can be prevented through immunization and I should encourage this for all children. Should a child become ill at the center, I should be able to recognize the symptoms of illness and provide for the ill child and protect the rest of the children.

HEALTH GOALS

1. To use good health practices at the center, such as washing after toileting, using a klennex when coughing or sneezing, brushing teeth after meals.
2. To know what kinds of clothes we wear for different weather and why.
3. To recognize health professionals and tell how they help us.
4. To help eliminate any fears children have about doctors, nurses, etc.
5. To provide health education information and materials to parents.
6. To provide nutritious meals and snacks.
7. To introduce a wide variety of food to the children to broaden their food likes.
8. To provide cooking experiences for the children.

MEDICINE AUTHORIZATION

In our center a child is not supposed to attend if he is ill, but sometimes children have to take medicine when they return or to stay well. We had to develop a permission slip for the parents' to complete and sign before we can give medicine to the child. A sample of the form is include in the portfolio.

When a child needs to take medicine we talk with the children about why we take medicine when we are sick but don't take it at other times. We also talk about safety in having the parent or teacher read the label and give us medicine only as prescribed.

HEALTH ACTIVITIES

In health we talk about personal habits, such as washing our hands, blowing our nose, etc. We also discuss good nutrition each day. Attached are copies of the activity cards for two activities we do in this area.

I have at least one planned health/nutrition lesson each week, beside the things that just come up.

SAFETY

Definition

Provides a safe environment by taking necessary measures to reduce or prevent accidents.

Rationale

Describe the importance of the functional area.

Goals

List the goals for the year for the group of children to accomplish.

Other Pieces of Evidence might be:

Safety Lessons---describe the types of safety lessons used and include some plans and descriptions.

Fire Exit Plan---include the plan and describe who designed the plan, who approved the plan, and how the plan is posted and utilized in the classroom.

Tornado/Hurricane Plan---include the plan, describe who designed the plan, who approved the plan, and how the plan is posted and utilized in the classroom.

Emergency Plans/Drills---include the plans and describe who designed them, and who approved them. Include the frequency of the drills and how the drills are evaluated.

Information provided parents concerning emergencies and the center's policies.

Accident plans and notification of parents.

Emergency Information Cards---information required, location of cards, access to information, and utilization of cards.

Responsibility for the safety in the classroom, center, outdoor area---describe your responsibility and how you accomplish this and briefly describe who has the other responsibilities.

SAFETY RATIONALE

Safety in the center is important because children need a place where they can grow and learn that is free from hazards and the constant fear of getting hurt. It is up to the staff to ensure that the environment, indoors and outdoors, is checked daily and safety hazards removed.

Children cannot always be sheltered and protected and so they must learn to take responsibility for using materials and equipment safely, even though supervised. As a teacher, I must teach safe habits of work, play and living and be a good example for the children to follow.

Some reasons for safety rules can be demonstrated or simulated while others cannot. I must help the children to develop trust in my judgment in this area so they will accept safety rules and not "try them out" to see what happens.

SAFETY GOALS

1. To recognize basic traffic signs and know what they mean.
2. To use materials and equipment safely indoors and outdoors.
3. To know what steps to follow in case of fire or tornado.
4. To recognize dangerous objects, substances, and situations and be able to tell why we avoid them.
5. To follow safe practices while on field trips, whether walking, in a car, or on a bus.

SIGNS OF SAFETY

At the beginning of each year, I put up a bulletin board on the "Signs of Safety" to help the children learn these signs before we go out on field trips. Each day, for a week, I introduce a new sign during circle time. We discuss what the sign looks like, what it means, and how, by observing it, we will be safe. The bulletin board stays up for 2 to 3 weeks and we continue to go back over these until everyone knows them.

We also put these signs in the block area with the cars, trucks, etc. as accessories in the area to reinforce the learning.

RULES CHARTS

In my classroom, we have a Reading Loft where the children can go when they want to read and be quiet. Because the loft could be dangerous, we have rules for climbing the ladder and being in the loft. These rules are posted on a chart at the bottom of the ladder and on the wall of the loft to remind the children of the safety rules. This is a picture of the Rules Chart for the loft. I have a rules chart for the woodworking area, block area, and outdoor area since these can also be potentially dangerous.